

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-008036

FILED VS MAR 14 1960

2 1290

STATE FILE NUMBER

Thomas S. Chamberlain
 Thomas S. Chamberlain
 Ellen B. Chamberlain
 BY AFFIDAVIT OF Funeral Director
 MEDICAL CERTIFICATION
 DOCUMENT
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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb 4 days	c. CITY OR TOWN Ferguson
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 42 Almeda Pl.
3. NAME OF DECEASED (Type or print) First Middle Last Phillip Safford Chamberlain III		4. DATE OF DEATH Month Day Year 2-2-60	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-13-39
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY ----	9. AGE (last birthday) 20
10c. CITIZEN OF WHAT COUNTRY U. S.		11. BIRTHPLACE (City and state or country) San Antonio, Texas	
13a. FATHER'S NAME Chamberlain Thomas S. Chamberlain		13b. MOTHER'S MAIDEN NAME Ellen B. Fisher	14. NAME OF HUSBAND OR WIFE 42 Almeda Pl. Ferguson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address Ellen B. Chamberlain
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute encephalitis			INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Influenza			10 days
DUE TO (c) 483X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from Jan. 26, 1960 to Feb. 2, 1960 and last saw him alive on Feb. 2, 1960 Death occurred at 11:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John B. Sutphin M.D.		22b. ADDRESS 111 Church St. Ferguson 35, Mo.	22c. DATE SIGNED 2-3-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-4-60	23c. NAME OF CEMETERY OR CREMATORY Lake Charles	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR White-Mullen Mortuary, Ferguson,		25. DATE RECD. BY LOCAL REG. FEB 4 1960	26. REGISTRAR'S SIGNATURE Loard Smith. M.D.

S.P.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by my self _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Reinhold F. Lehmann

Licensed Embalmer No. 3393

P. O. Address St Louis 35

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.